

Fill in this information to identify the case:

Debtor name Perseon Corporation

United States Bankruptcy Court for the: DISTRICT OF UTAH

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration **Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 23, 2016

X /s/ Clinton E. Carnell Jr.

Signature of individual signing on behalf of debtor

Clinton E. Carnell Jr.

Printed name

CEO/President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Perseon Corporation**

United States Bankruptcy Court for the: **DISTRICT OF UTAH**

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 3,953,106.51
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 3,953,106.51

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 39,745.32
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 1,364,588.72
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,928,725.92
4. Total liabilities Lines 2 + 3a + 3b	\$ 3,333,059.96

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Debtor name Perseon Corporation

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Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)
 Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. <u>Wells Fargo</u>	<u>Savings Account</u>	<u>8458</u>	<u>\$188,323.14</u>
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3.2. <u>Wells Fargo</u>	<u>Flex Spending Checking Account</u>	<u>5217</u>	<u>\$4,665.12</u>
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3.3. <u>Wells Fargo</u>	<u>Operating Account</u>	<u>1802</u>	<u>\$112,815.83</u>
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3.4. <u>Wells Fargo</u>	<u>Credit Card Deposit</u>	<u>7593</u>	<u>\$25,000.00</u>
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4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$330,804.09

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

Debtor Perseon Corporation Case number (If known) _____
Name

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **Prepayment for D&O Insurance - Moreton & Company, 4600S Ulster Street, Suite 380, Denver, CO 80237** **\$71,300.00**

7.2. **Prepayment for 2 storage unit rentals through March 22, 2017 - South Salt Lake Storage LLC dba A-1 Access Storage, 302 S 460 W, South Salt Lake, UT 841145** **\$3,578.50**

7.3. **Prepayment of Commercial Liability Insurance - Travelers** **\$2,736.04**

7.4. **Lease Deposit - Kax Co. LLC, c/o Woodbury Corporation, 2733 E Parleys Way, Suite 300, Salt Lake City, UT 84109** **\$4,000.00**

7.5. **Deposit - Compandben International, Sandhurst House Yorktown Road, Sandhurst, UK** **\$6,870.05**

7.6. **Prepayment for service for preparation of 2015 and 2016 tax returns - Tanner LLC, 36 S State Street, Suite 600, Salt Lake City, UT 84111-1400** **\$25,000.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$113,484.59

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **381,912.41** - **50.00** = **\$381,862.41**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **102,333.03** - **90,333.03** = **\$12,000.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$393,862.41

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Debtor Perseon Corporation Case number (If known) _____
Name

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Antennas: 15cm (68); 20cm (62); 25cm (46); 15cm short (197); 20cm short (86)	4/30/16	\$0.00	Recent cost	\$160,670.91
	Generators: T2 Tabletop (11); cart system (8)	4/30/16	\$0.00	Recent cost	\$260,345.19
	Raw materials and components	4/30/16	\$0.00	Recent cost	\$382,379.32

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$803,395.42

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

Debtor Perseon Corporation Case number (If known) _____

Name

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Work tables (6) [120]; chairs [20]; cabinets [36 x 24 x 72] (8) [800]; cabinets [36 x 18 x 72] (3) [300]; cabinets [36 x 24 x 48] (6) [600]; Work bench (3 sections) [20]; Shelves (2) [50] [held in storage]	\$0.00	Liquidation	\$1,910.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers (19) [0]; monitors (43) [600]; laptop (1) [0]; docking stations (3) [60]; printers (3) [60]; keyboards (full box) [100] [held in storage]	\$0.00	Liquidation	\$500.00
	Accounting software - SageBusinessWorks	\$0.00		\$0.00
	Office supplies [25]; Misc Shipping cases (5) [250]; Misc Shipping Boxes [20]	\$0.00	Liquidation	\$295.00
	Copier	\$0.00	Purchase Price	\$20,000.00
	Misc Shipping cases [300]; Misc Shipping Boxes [500]; Boxes of kitchen stuff [20]; Boxes/totes of engineering testing material and samples [unkown]; Couple of boxes - engineering material [200]; Boxes of misc office stuff [50]; Misc case foam padding [100] [held in storage]	\$0.00	Liquidation	\$1,170.00
	Computers (2) [0]; Monitors (6) [600]; Laptops (7) [0]; Docking Stations (3) [60]; Printers (4) [80]; Keyboards (Full Box) [50]; Server (1) [300]	\$0.00	Liquidation	\$1,090.00
	Work Tables (13) [250]; Chairs (9) [180]; Cabinets- 36 x 24 x 72 (8) [800]; Shelves (9) [225]	\$0.00	Liquidation	\$1,455.00
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$26,420.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

Debtor Perseon Corporation Case number (If known) _____
Name

- ☐ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	<u>2005 Chevy C1500 Silverado Truck</u>	<u>\$0.00</u>	<u>NADA</u>	<u>\$5,000.00</u>
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	<u>Tektronix TDS 2024C Oscilloscope [S/N TDS2024C C014513]</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$1,300.00</u>
	<u>EZ Digital Co. FC-7150 Frequency Counter [S/N R11040020]</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$150.00</u>
	<u>Compliance West HTT-1 Safety Testers Function Checker [S/N 433087]</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$120.00</u>
	<u>Power meter</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$800.00</u>
	<u>Agilent Technologies N1913A Power Meter [S/N MY54090002]</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$800.00</u>
	<u>Annitsu MS2024A Network / Spectrum Analyzer [S/N 0815111]</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$4,500.00</u>
	<u>Agilent Technologies E5061B Network Analyzer [S/N MY49201903]</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$1,800.00</u>
	<u>Rhode & Schwarz FS300 Spectrum Analyzer [S/N 101020]</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$2,000.00</u>
	<u>Fluke 26-3 Multimeter True RMS [S/N 78870224] (50) & Fluke 26-3 Multimeter True RMS [S/N 78870228] (50)</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$100.00</u>

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	Name			
Fluke 177 Multimeter [S/N 92070417]		\$0.00	Liquidation	\$50.00
Fluke 87-5 Multimeter, True RMS [S/N 95830123]		\$0.00	Liquidation	\$50.00
Mitutoyo 505-645 Dial Caliper, 12" [S/N 9M6008]		\$0.00	Liquidation	\$50.00
Fowler Dial Caliper 6" [S/N 4-92617]		\$0.00	Liquidation	\$50.00
Fowler Digital Caliper		\$0.00	Liquidation	\$50.00
Mitutoyo 50-173 Digital Caliper 12" [S/N 1091293]		\$0.00	Liquidation	\$50.00
Micrometer (2)		\$0.00	Liquidation	\$100.00
Mitutoyo MDC-1"MX Digimetric Micrometer [S/N 45096117]		\$0.00	Liquidation	\$75.00
Instek GPS-3303 Power Supply [S/N EI920247]		\$0.00	Liquidation	\$150.00
Quadtech Sentry 30 Plus Hipot Tester [S/N S00300001196]		\$0.00	Liquidation	\$600.00
Bird 8325 Coaxial Attenuator [S/N 5164]		\$0.00	Liquidation	\$800.00
Coaxial Resistor [S/N 1887]		\$0.00	Liquidation	\$250.00
Agilent Technologies 8648A Signal Generator [S/N 3847M01668]		\$0.00	Liquidation	\$600.00
Agilent Technolgies N8482A Power Sensor [S/N MY55120010]		\$0.00	Liquidation	\$150.00
Omega DFG55-100 Digital Force Gauge [S/N 3548139]		\$0.00	Liquidation	\$500.00
Chatillon LTCM-100 Tensile Testor [S/N 03 25 15 01]		\$0.00	Liquidation	\$1,200.00
Chatillon LTCM-100 Force Testor [S/N 03 25 15 01]		\$0.00	Liquidation	\$200.00
Chatillon SLC-0100 Load Cell Sensor [S/N V07149]		\$0.00	Liquidation	\$200.00

Debtor Perseon Corporation Case number (If known) _____

Name

Chatillon TLC-0002 Load Cell Sensor [S/N TLC2594]	\$0.00	Liquidation	\$200.00
Chatillon TLC-0010 Load Cell Sensor [S/N TLC2595]	\$0.00	Liquidation	\$200.00
Zaxis Inc. Isaac-PF Multi-Function Leak Tester [S/N 489-10i1]	\$0.00	Liquidation	\$1,200.00
Chromate ATE 19572 Ground Bond Tester [S/N 195720000868]	\$0.00	Liquidation	\$300.00
Utica TS-30 Torque Screwdriver	\$0.00	Liquidation	\$50.00
RF Lambda RFST200G02NF Termination (Load) [S/N 11091503]	\$0.00	Liquidation	\$20.00
Control company / Cole Parker 90080-03 ThermoHygrometer [S/N 140717005]	\$0.00	Liquidation	\$20.00
Meyer Gage Co., Inc. Plus Gage Bocks .011/.250	\$0.00	Liquidation	\$50.00
Meyer Gage Co. Inc. Minus Gage Blocks .011/.250	\$0.00	Liquidation	\$50.00
Fluke 922 Airflow Meter [S/N 18630409] (150) & Fluke 922 Airflow Meter [S/N 24620439] (150)	\$0.00	Liquidation	\$300.00
Adam Equipment, Inc. HCB1502 Scale, 1500g x 0.05g [S/N AE76001527]	\$0.00	Liquidation	\$100.00
Mini Circuits SSG-4000LH Synthesizer [S/N 11304020001]	\$0.00	Liquidation	\$500.00
Zaxis Inc. L-STD-6-C Isaac Leak Standard [S/N T285-14s1]	\$0.00	Liquidation	\$75.00
Extech 461720 Contact Tachometer [S/N 960122]	\$0.00	Liquidation	\$20.00
Evaluation System #1- 20-17222-001 (Cart) SN 110228-009 [in the possession of University of Utah Dept. of Radiology, 30 North 1900 East, Bldg. 521 #1A71 SOM, Salt Lake City, UT 84132-2140]	\$0.00	Replacement	\$14,000.00

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Evaluation System #3 - 20-17222-101 (T2) SN
101112-00004 [in possession of Matt Dyer,
Appleton Medical Services, 118 North Main
Street, Saint Charles, MO 63301]

\$0.00 Replacement \$14,000.00

Evaluation System #5 - 20-17222-102 (T2) SN
110404-012 [in possession of Luis Lopes, Rua
de S Jose, 28 1. No 4710-437 Braga, Portugal]

\$0.00 Replacement \$14,000.00

Evaluation System #9 - 20-17222-101 (T2) SN
120328-017 [in possession of Michael
Dachman, 5 La Quinta Court, Lake in the Hills,
IL 60156]

\$0.00 Replacement \$14,000.00

Evaluation System #10- 20-17222-101 (T2) [in
possession of Mark Houskeeper, 1330 W 1800
N, Lehi, UT 84043]

\$0.00 Replacement \$14,000.00

Evaluation System #11 - 20-17222-101 (T2) SN
120425-021 [in possession of Rhode Island
Hospital, Research Administration - Aldrich3,
593 Eddy St., Providence, RI 02903]

\$0.00 Replacement \$14,000.00

Evaluation System #12 - 20-17222-101 (T2) SN
120425-022 [in possession of Todd Staples,
284 Ayer Road, Buffalo, NY 14221]

\$0.00 Replacement \$14,000.00

Evaluation System #14 - 20-17222-101 (T2)
SN110127-007 [in possession of Michael
Dachman, 5 La Quinta Court, Lake in the Hills,
IL 60156]

\$0.00 Replacement \$14,000.00

Evaluation System #15 - 20-17222-101 (Cart)
SN 111003-015 [in possession of Will Hull,
Appleton Medical Services, 118 North Main
Street, Saint Charles, MO 63301]

\$0.00 Replacement \$14,000.00

Evaluation System #16 - 20-17222-101 (T2) SN
140404-098 [in possession of Rhode Island
Hospital, Research Administration - Aldrich3,
593 Eddy St., Providence, RI 02903]

\$0.00 Replacement \$14,000.00

Generator for Evaluation System #19 -
20-17222-101 (T2) SN 131121-082 [in
possession of Misr Siani,
_____]

\$0.00 Replacement \$14,000.00

Evaluation System #20 - 20-17222-001 SN
150629-121 [in possession of Boston Medical
Center via KOL Bio-Medical Instruments, Inc.,
13901 Williard Rd., PO Box 220630, Chantilly,
VA 20153]

\$0.00 Replacement \$14,000.00

Debtor	Perseon Corporation	Case number (If known)	
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Evaluation System #21 - 20-17222-101 SN 150629-127 [in possession of Michael Dachman, 5 La Quinta Court, Lake in the Hills, IL 60156 or Mike Lowery, Appleton Medical Services, 118 North Main Street, Saint Charles, MO 63301]	\$0.00	Replacement	\$14,000.00
Evaluation System #22 - 20-17222-001 SN 150629-122 [in possession of Boston Medical Center or New Hanover Regional Medical Center via KOL Bio-Medical Instruments, Inc., 13901 Williard Rd., PO Box 220630, Chantilly, VA 20153]	\$0.00	Replacement	\$14,000.00
Evaluation System #23 - 20-17222-001 SN 150629-124 [in possession of Cedars-Sinai Medical Center via Comed Medical Specialties, LLC, 4962 S. Redwood Road, Salt Lake City, UT 84123]	\$0.00	Replacement	\$14,000.00
Evaluation System #24 - 20-17222-101 SN 150629-123 [in possession of University of Chicago via Appleton Medical Services, 118 North Main Street, Saint Charles, MO 63301]	\$0.00	Replacement	\$14,000.00
4 1/2 - Demo Generators	\$0.00	Replacement	\$30,000.00
Flir Camera [held in storage]	\$0.00		\$0.00
California Air Tools 4610A Compressor	\$0.00	Liquidation	\$50.00
Canon Rebel T1i Camera	\$0.00	Liquidation	\$200.00
Testing oven [held in storage]	\$0.00	Liquidation	\$20.00
Brazing Unit and Table [held in storage]	\$0.00	Liquidation	\$200.00
Ultrasonic Cleaner [held in storage]	\$0.00	Liquidation	\$50.00
Air Stat - Variable Transformer [held in storage]	\$0.00	Liquidation	\$50.00
Microscope	\$0.00	Liquidation	\$20.00
Ductless Fume Hood [held in storage]	\$0.00	Liquidation	\$750.00
Roll around tool box	\$0.00	Liquidation	\$125.00

Debtor	Perseon Corporation	Case number (If known)	
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Big red tool box	\$0.00	Liquidation	\$20.00
3 small tool boxes [held in storage]	\$0.00	Liquidation	\$15.00
2 small tool boxes	\$0.00	Liquidation	\$10.00
6 Fleid Test Kits	\$0.00	Liquidation	\$600.00
Isaac-PF Multi-FUNction Leak Tester [S/N 517-10i1, Equip P/N / Asset # 11-16898-002] [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916 or Zaxis, Inc., 2442 South 2570 West, Salt Lake City, UT 84119-1242]	\$0.00	Liquidation	\$1,200.00
Tray Sealer [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916 or Tegrant Corporation, Alloyd Brands, 21035 Network Place, Chicago, IL 60673-1210]	\$0.00	Liquidation	\$500.00
Tray Sealer Nest [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916 or Tegrant Corporation, Alloyd Brands, 21035 Network Place, Chicago, IL 60673-1210]	\$0.00		\$0.00
UV Meter [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$50.00
Network Annlyzer [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916 or Anritsu Company, Department 01629, PO Box 39000, San Francisco, CA 94139-1629]	\$0.00	Liquidation	\$50.00
O Ring Tool [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$50.00
UV Station [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$50.00
Mid Chamber Gluing [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$50.00

Debtor Perseon Corporation Case number (If known) _____
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PCB Soldering Fixture [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$50.00
Adhesive Cure Fixture [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$50.00
Bracket Cure Fixture [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$50.00
Tube Alignment Fixture [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$50.00
Handle Press Fixture [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$50.00
Mold - right and left handles [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$500.00
Mold - Mid chamber, Mold - Inlet Cap, Mold Front Chamber [in possession of CEA Medical Manufacturing, Inc., 1735 Merchants Ct., Colorado Springs, CO 80916]	\$0.00	Liquidation	\$500.00
Mold - Dual Lumen Spike [in possession of Intertech Medical Inc., 4525 Kingston St., Denver, CO 80239]	\$0.00	Liquidation	\$500.00
Cable Tooling [in possession of Richard Manufacturing Company, 2147 N. Rulon White Blvd., STE 212, Ogden, UT 84404]	\$0.00	Liquidation	\$500.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$285,090.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

Debtor Perseon Corporation Case number (If known) _____
Name

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets See attached list of Patents, Trademarks/Service Marks, and Licenses	\$0.00	Management Est.	\$2,000,000.00
	Tradename	\$0.00	Management Est.	Unknown
61.	Internet domain names and websites perseonmedical.com	\$0.00	Management Est.	Unknown
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Customer list	\$0.00	Management Est.	Unknown
64.	Other intangibles, or intellectual property 510(k)	\$0.00	Management Est.	Unknown
	CE Mark	\$0.00	Management Est.	Unknown
	Contract manufacturing relationship	\$0.00	Management Est.	Unknown

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$2,000,000.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 12

Official Form 206A/B Schedule A/B Assets - Real and Personal Property No. 60

Patents, Trademarks/Service Marks, and Licenses

Patents

Application No.	Country	Filing Date	Patent No.	Title	Status
12/620,002	US	11/17/2009	8,414,570	Microwave Coagulation Applicator and System	Granted
12/689,195	US	1/18/2010	8,551,083	Microwave Coagulation Applicator and System	Granted
14/049,064	US	10/8/2013		Microwave Coagulation Applicator and System	Pending
12/794,667	US	6/4/2010		Microwave Coagulation Applicator and System with Fluid Injection	Pending
PCT/US10/57127	WO	11/17/2010		Microwave Coagulation Applicator and System	Nat. Phase
10832144.9	EP	11/17/2010		Microwave Coagulation Applicator and System	Pending
201080061511.4	CN	11/17/2010		Microwave Coagulation Applicator and System	Pending
2012-540035	JP	11/17/2010		Microwave Coagulation Applicator and System	Pending
2012125022	RU	11/17/2010	2562287	Microwave Coagulation Applicator and System	Granted
13/020,483	US	2/3/2011		Multiple Frequency Energy Supply and Coagulation System	Abandoned
13/615,017	US	9/13/2012		Ablation Antenna	Pending
PCT/US12/56418	WO	9/20/2012		Ablation Antenna	Nat. Phase
12833617.9	EP	9/20/2012		Ablation Antenna	Pending
201280045847.0	CN	9/20/2012		Ablation Antenna	Pending
2014-531978	JP	9/20/2012		Ablation Antenna	Pending
2014115808	RU	9/20/2012		Ablation Antenna	Pending
10-2014-7010042	KR	9/20/2012		Ablation Antenna	Pending
1120140067007	BR	9/20/2012		Ablation Antenna	Pending
2496/DELNP/2014	IN	9/20/2012		Ablation Antenna	Pending
61/536,680	US	9/20/2011		Ablation Antenna	Converted
14/310,951	US	6/20/2014		Ablation Emitter Assembly	Pending
14/310,975	US	6/20/2014		Ablation Probe with Metalized Ceramic Component	Pending
62/121,236	US	2/26/2015		Microwave Sheath/Introducer with Accessibility Port	Pending

Trademarks/Service Marks

Application No.	Country	Filing Date	Reg. No.	MARK	Status
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77/095618	US TM	1/31/2007	3384164	MICROTHERMX	Registered
86/559,628	US TM	3/10/2015		PERSEON	Pending
86/559,650	US TM	3/10/2015		SYNCHRONOUS WAVE ALIGNMENT	Pending
011893732	EU	12/6/2013	011893732	MICROTHERMX	Registered

Licenses

License Agreement between Perseon Corporation and MedLink Technologies, LLC

Debtor Perseon Corporation Case number (If known) _____
Name

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
Potential claims against Galil Medical, Inc. related to an agreement and plan of merger
Nature of claim _____
Amount requested \$0.00

Unknown

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
Claim for unused Cafeteria Plans held by Wasatch Employee Benefits
Nature of claim _____
Amount requested \$0.00

\$50.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$50.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

Debtor **Perseon Corporation** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$330,804.09	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$113,484.59	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$393,862.41	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$803,395.42	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$26,420.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$285,090.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$2,000,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$50.00	
91. Total. Add lines 80 through 90 for each column	\$3,953,106.51	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$3,953,106.51

Case number (if known)

Best Case Bankruptcy

Fill in this information to identify the case:

Debtor name **Perseon Corporation**

United States Bankruptcy Court for the: **DISTRICT OF UTAH**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p>Arizona Department of Revenue 1600 W Monroe Phoenix, AZ 85007</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>Benjamin Curtis Beckham 101 Bon Winde Rd. Georgetown, TX 78633</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Termination fees owed per employment contract: Change of control fee: \$115,500 30 day notice fee: \$19,250 Less \$12,500 payment</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$122,250.00	\$0.00

Debtor	Perseon Corporation		Case number (if known)
	Name		

2.3	Priority creditor's name and mailing address Brian Meltzer 24 Broad Axe Lane Wilton, CT 06897	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$133,333.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Termination fees owed per employment contract: Change of control fee: \$125,000 30 day notice fee: \$20,833 Less \$12,500 payment		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Clinton E. Carnell Jr. 3891 West View Trail Park City, UT 84098	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$830,212.00	\$0.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Termination fees owed per employment contract: Change of control fee: \$700,000 30 day notice fee: \$29,167 Bonus: \$73,562 Vacation Bank: \$8,284 Medical/Dental: \$19,200		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Damian E Dupuy, M.D. 60 Powers Drive Centerville, MA 02632	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,000.00	\$12,475.00
	Date or dates debt was incurred May 2016	Basis for the claim: Compensation		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Perseon Corporation Name	Case number (if known)
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2.6	Priority creditor's name and mailing address Delaware Department of Revenue 25 Sigourney St Hartford, CT 06106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.7	Priority creditor's name and mailing address Employment Development Dept PO Box 989061 West Sacramento, CA 95798-9061	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,529.96	\$1,529.96
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Date or dates debt was incurred Period ended 6/30/15 Last 4 digits of account number 0576 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Employment taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.8	Priority creditor's name and mailing address Florida Department of Revenue Out of State Collections Unit 1415 W US Highway 90 Ste. 115 Lake City, FL 32055-6123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$196.88	\$196.88
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Date or dates debt was incurred 2015 Last 4 digits of account number 0474 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Sales and Use Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.9	Priority creditor's name and mailing address Florida Department of Revenue Out of State Collections Unit 1415 W US Highway 90 Ste. 115 Lake City, FL 32055-6123	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$410.30	\$410.30
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Date or dates debt was incurred 2014 Last 4 digits of account number 0474 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Corporate Income Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Perseon Corporation Name	Case number (if known)
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2.10	Priority creditor's name and mailing address Franchise Tax Board Bankruptcy Section MS A 340 P.O. Box 2952 Sacramento, CA 95812-2952	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Notice only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.11	Priority creditor's name and mailing address Harold R. Wolcott 26 North 3175 East Layton, UT 84040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,500.00	\$0.00
Date or dates debt was incurred May 2016		Basis for the claim: Compensation		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address I.D.E.S. Employer File Maintenance 33 S State 10th Floor Chicago, IL 60603-2802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$193.59	\$193.59
Date or dates debt was incurred 2nd Qtr 2015		Basis for the claim: Employment tax		
Last 4 digits of account number 0610 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Notice only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.14	Perseon Corporation Priority creditor's name and mailing address Jeannie Walls 236 Covington St. Oakland, CA 94605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Potential claim for incorrect W-2 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.15	Priority creditor's name and mailing address Jennifer R. Hoglin 8883 Daybreaker Dr. Park City, UT 84098	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$115,833.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Termination fees owed per employment contract: Change of control fee: \$110,000 30 day notice fee: \$18,333 Less \$12,500 payment Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.16	Priority creditor's name and mailing address Kansas Department of Revenue Division of Taxation 9015 SW Harrison St. Topeka, KS 66625-2007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$562.50	\$562.50
	Date or dates debt was incurred 3rd Qtr. 2015 Last 4 digits of account number 7F02 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Withholding Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17	Priority creditor's name and mailing address New York State Department of Labor PO Box 15012 Albany, NY 12212-5012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,022.02	\$1,022.02
	Date or dates debt was incurred Last 4 digits of account number 3118 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: NYS-45 Quarterly Compined Withholding, Wage Reporting and Unemployment Insurance Return Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Perseon Corporation Name	Case number (if known)	
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2.18	Priority creditor's name and mailing address Oregon Department of Revenue PO Box 14725 Salem, OR 97309-5018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$242.60	\$242.60
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Date or dates debt was incurred Period ending 6/30/15	Basis for the claim: Lane Transit Tax
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Last 4 digits of account number 5061 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.19	Priority creditor's name and mailing address Oregon Department of Revenue PO Box 14725 Salem, OR 97309-5018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$250.81	\$250.81
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Date or dates debt was incurred Period ending 6/30/15	Basis for the claim: Tri-Met Payroll Tax
---	--

Last 4 digits of account number 5061 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.20	Priority creditor's name and mailing address Oregon Employment Tax PO Box 4395 Unit 02 Portland, OR 97208-4395	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$721.92	\$721.92
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Date or dates debt was incurred 1st and 2nd Qtr 2015	Basis for the claim: Employment Tax
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Last 4 digits of account number 9783 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.21	Priority creditor's name and mailing address Pennsylvania Department of Revenue Bureau of Corporation Taxes PO Box 280701 Harrisburg, PA 17128-0701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	\$0.00
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Date or dates debt was incurred 1000298319	Basis for the claim: Foreign Franchise Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Perseon Corporation Name		Case number (if known)
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2.22	Priority creditor's name and mailing address Peter Vitulli 2655 Cliffrose Court Park City, UT 84098	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,000.00	\$12,475.00
	Date or dates debt was incurred May 2016	Basis for the claim: Compensation		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.23	Priority creditor's name and mailing address Salt Lake County Assessor 2001 South State Street, #N2-600 PO Box 147421 Salt Lake City, UT 84114-7421	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address State of Utah-Office of the Atty General Tax & Revenue Division 160 E 300 S, 5th Fl / PO Box 140874 Salt Lake City, UT 84114-0874	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: Notice only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Steven G. Stewart 4523 Sunset Circle Bountiful, UT 84010-5884	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,000.00	\$12,475.00
	Date or dates debt was incurred May 2016	Basis for the claim: Compensation		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.26	<p>Priority creditor's name and mailing address</p> <p>The Delaware Department of State Division of Corporations PO Box 898 Dover, DE 19903</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.27	<p>Priority creditor's name and mailing address</p> <p>Timothy C. McQuay 4927 Gould Ave. La Canada Flintridge, CA 91011</p> <p>Date or dates debt was incurred</p> <p>May 2016</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Compensation</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$2,500.00	\$2,500.00
2.28	<p>Priority creditor's name and mailing address</p> <p>Todd H. Turnlund 2971 Wedge Circle Park City, UT 84098</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Termination fees owed per employment contract: Change of control fee: \$97,370 30 day notice fee: \$16,228 Less \$12,500 payment</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$101,098.00	\$0.00
2.29	<p>Priority creditor's name and mailing address</p> <p>Utah Department of Workforce Services Unemployment Collections Unit PO Box 45288 Salt Lake City, UT 84145-0288</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00

Debtor	Perseon Corporation		Case number (if known)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>2.30 Priority creditor's name and mailing address</p> <p>Utah State Tax Commission 210 N 1950 W Salt Lake City, UT 84134</p> </div> <div style="width: 40%;"> <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> </div> <div style="width: 25%; text-align: right;"> <p>\$6,732.14</p> <p>\$6,732.14</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Date or dates debt was incurred</p> <p>Qtr 4 2015 & Qtr 1 2016</p> </div> <div style="width: 40%;"> <p>Basis for the claim:</p> <p>Sales tax</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> </div> <div style="width: 40%;"> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </div> </div>					

2.31	<p>Priority creditor's name and mailing address</p> <p>Utah State Tax Commission Tax Payer Services Div. -Attn Compliance 210 N 1950 W Salt Lake City, UT 84134</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p>\$0.00</p> <p>\$0.00</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Date or dates debt was incurred</p> </div> <div style="width: 40%;"> <p>Basis for the claim:</p> <p>Notice only</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> </div> <div style="width: 40%;"> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </div> </div>			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address</p> <p>ADT Security Services PO Box 371956 Pittsburgh, PA 15250-7956</p> <p>Date(s) debt was incurred November 10, 2015</p> <p>Last 4 digits of account number 2638</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Security system at prior company office</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,016.44</p>
3.2	<p>Nonpriority creditor's name and mailing address</p> <p>American Shredding 5185 Harold Gatty Drive Salt Lake City, UT 84116</p> <p>Date(s) debt was incurred Oct. 2015 - Jan. 2016</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Shredding bins</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$238.40</p>
3.3	<p>Nonpriority creditor's name and mailing address</p> <p>American Western Interior Services 160 W 2100 S Salt Lake City, UT 84115</p> <p>Date(s) debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$16,000.00</p>

Debtor	Perseon Corporation Name _____	Case number (if known) _____
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3.4	Nonpriority creditor's name and mailing address American Western Investment Services dba Western Interior Services 160 West 2100 South Salt Lake City, UT 84115 Date(s) debt was incurred <u>7/6/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Delivery and installation of office furniture</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Anthony Dale Weeks 150 Gardenside Dr., Unit 402 San Francisco, CA 94131 Date(s) debt was incurred <u>9/14/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Graphics work and travel expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Appleton Medical Services 118 North Main Street Saint Charles, MO 63301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commissions earned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address Aramark Refreshment Svcs 9620 E 40th Ave. Denver, CO 80238 Date(s) debt was incurred <u>9/15-12/15</u> Last 4 digits of account number <u>0105</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$804.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Beverage service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Arrow Electronics, Inc. 13469 Collections Ctr. Dr. Chicago, IL 60693 Date(s) debt was incurred <u>8/15-10/15</u> Last 4 digits of account number <u>8909</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,088.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LCD Screens for inventory</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Atlas Case inc. 1380 Cherokee St. Denver, CO 80223 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,673.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address BACS dba Bay Area Computer Solutions 1366 Turnstone Way Sunnyvale, CA 94087 Date(s) debt was incurred <u>Oct. 2015 - Apr. 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,245.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Installation and wiring of network equipment and ongoing IT support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Perseon Corporation Name _____	Case number (if known) _____
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3.11	Nonpriority creditor's name and mailing address CEA Medical Manufacturing, Inc. 1735 Merchants Ct. Colorado Springs, CO 80916 Date(s) debt was incurred <u>April & May 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,818.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Antenna purchases for inventory</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Certify, Inc. 20 York Street, Ste 201 Portland, ME 04101 Date(s) debt was incurred <u>10/15-12/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$576.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Subscription fee for software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Chorus Call, Inc. 2420 Mossie Blvd. Monroeville, PA 15146 Date(s) debt was incurred <u>12/15-1/16</u> Last 4 digits of account number <u>SD05</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$800.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Conference call service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Cognizant Technology Solutions US Corp 24721 Network Place Chicago, IL 60673-1247 Date(s) debt was incurred <u>10/15</u> Last 4 digits of account number <u>8942</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Cole-Parmer Instr. Co. 13927 Collections Center Drive Westphalia, KS 66093 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$42.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Comcast PO Box 34227 Seattle, WA 98124-1227 Date(s) debt was incurred <u>12/15</u> Last 4 digits of account number <u>4588</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,337.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet for office</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Comcast PO Box 34744 Seattle, WA 98124-1744 Date(s) debt was incurred _____ Last 4 digits of account number <u>1018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$127.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone/Internet</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Perseon Corporation Name	Case number (if known) _____
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3.18	Nonpriority creditor's name and mailing address Comed Medical Specialties, LLC 4962 S Redwood Rd. Salt Lake City, UT 84123 Date(s) debt was incurred _____ Last 4 digits of account number <u>7501</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commissions on sales to customers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Compandben International Sandhurst House / Yorktown Road Sandhurst UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number <u>2015</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38,660.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Termination fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address Converge PO Box 370059 Boston, MA 02241-0759 Date(s) debt was incurred <u>10/15</u> Last 4 digits of account number <u>T049</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,402.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electronics for inventory</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address CT Corporation Sys. 8020 Excelsior Drive, Suite 200 Boise, ID 83717 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>3385</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,585.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Return filed for Delaware</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address David Green 2174 Preston St Salt Lake City, UT 84106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,000.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Success fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address Dennis Green 4534 West 4000 South Ogden, UT 84401 Date(s) debt was incurred <u>10/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Engineering consulting work</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address Digi-Key Corporation 701 Brooks Ave. PO Box 677 Thief River Falls, MN 56701-0677 Date(s) debt was incurred _____ Last 4 digits of account number <u>9056</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>R&D Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Perseon Corporation Name	Case number (if known)
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3.25	Nonpriority creditor's name and mailing address Domo, Inc. Dept. CH 10704 Palatine, IL 60055-0704 Date(s) debt was incurred <u>4/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33,055.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Subscription and training for software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address DQS Medizinprodukte GmbH August-Schanz-Straße 21 D-60433 Frankfurt am Main GERMANY Date(s) debt was incurred <u>12/15</u> Last 4 digits of account number <u>9980</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ISO certification of Perseon products</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address Dr. Jean Yves Gaubert Dept. of Radiology 264 Rue Saint-Pierre Marseille FR 13385 FRANCE Date(s) debt was incurred <u>7/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Radiologist medical symposium presentation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address Eclipse Product Development, Inc. 825 N. 300 W #C250 Salt Lake City, UT 84103 Date(s) debt was incurred <u>10/15-11/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electrical design engineering services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address Elcon Precision LLC Ceramic Products Division 1009 Timothy Drive San Jose, CA 95133 Date(s) debt was incurred <u>11/15</u> Last 4 digits of account number <u>R110</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,301.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>manufacturing tooling for inventory</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Farmer John's Landscaping 1095 E 90 OS Pleasant Grove, UT 84062 Date(s) debt was incurred <u>11/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Mowing of lawn</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address Federal Express PO Box 7221 Pasadena, CA 91109-7321 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>5193</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$568.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shipping</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Perseon Corporation Name _____	Case number (if known) _____
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3.32	Nonpriority creditor's name and mailing address Financial Profiles 11601 Wilshire Blvd., Suite 1920 Los Angeles, CA 90025 Date(s) debt was incurred <u>11/15-12/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,048.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Investor relation service and travel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address First Digital Telecom PO Box 1499 Salt Lake City, UT 84110-1499 Date(s) debt was incurred <u>11/15-3/16</u> Last 4 digits of account number <u>6051</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$495.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address Flexpak 1894 West 2425 South Woods Cross, UT 84087 Date(s) debt was incurred <u>10/15-316</u> Last 4 digits of account number <u>ME01</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,272.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shipping supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address Grainger, Inc. 2275 S 900 W Salt Lake City, UT 84119-2447 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>5462</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office equipment / supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address HealthSTAR Public Relations PO Box 15035 Newark, NJ 07192 Date(s) debt was incurred <u>9/15-10/15</u> Last 4 digits of account number <u>2940</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41,138.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Public relations work</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address Henriksen Butler Design Group 249 S 400 E Salt Lake City, UT 84111 Date(s) debt was incurred <u>11/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office furniture and installation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address Hogan Lovells US LLP Columbia Square 555 Thirteenth St. NW Washington, DC 20004-1109 Date(s) debt was incurred <u>8/15-12/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,155.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FDA legal/regulatory work</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Perseon Corporation Name	Case number (if known) _____
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3.39	Nonpriority creditor's name and mailing address Home Depot Credit Services Dept. 32-2006860914 PO Box 9001030 Louisville, KY 40290-1030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address Integra Telecom PO Box 2966 Milwaukee, WI 53201-2966 Date(s) debt was incurred <u>3/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address Iron Mountain PO Box 601002 Pasadena, CA 91189-1002 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>97UT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$475.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate record storage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address John Groen 254 East 750 North Bountiful, UT 84010 Date(s) debt was incurred <u>4/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Ongoing R&D services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address Julene Cray 31538 Crystal Sands Drive Laguna Niguel, CA 92677 Date(s) debt was incurred <u>10/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing & business development consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address KAX Company LLC c/o Woodbury Corp. 2733 East Parley's Way, Suite 300 Salt Lake City, UT 84109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	Nonpriority creditor's name and mailing address KepttSafe, Inc. PO Box 101672 Pasadena, CA 91189-1672 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2667</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,654.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Data backup services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Perseon Corporation Name	Case number (if known)
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3.46	Nonpriority creditor's name and mailing address Knapp Healthcare Communications, LLC 501 5th Ave. Suite 2003 New York, NY 10017 Date(s) debt was incurred <u>10/15-1/16</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Scientific advisory board meeting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address Kristine Bates 2345 Fawn Hollow Court South Jordan, UT 84095 Date(s) debt was incurred <u>10/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address Latham & Watkins 650 Town Center Dr. 20th Floor Costa Mesa, CA 92626-1925 Date(s) debt was incurred <u>5/15-6/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,706.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address Les Olson Company 3244 South 300 West Salt Lake City, UT 84115 Date(s) debt was incurred <u>1/16</u> Last 4 digits of account number <u>SDME</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$321.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Moving services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address Life Science Outsourcing, Inc. 830 Challenger Street Brea, CA 92821 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Litho Flexo Graphics Inc. 2400 South 600 West Salt Lake City, UT 84115 Date(s) debt was incurred <u>9/15</u> Last 4 digits of account number <u>2068</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,186.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising materials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address Luis Miguel Reis Henriques Lopes Rua de S Jose 28 1. No 4710-437 Braga PORTUGAL Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Employment agreeement between Resource Management Global Limited Sucrusal EM Portugal and Mr. Lopes for services provided by Compandben International to the debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Perseon Corporation Name _____	Case number (if known) _____
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3.53	Nonpriority creditor's name and mailing address Mastercraft Machine 2435 S 2700 W Salt Lake City, UT 84119 Date(s) debt was incurred _____ Last 4 digits of account number <u>PERS</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Machining work for R&D</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.54	Nonpriority creditor's name and mailing address McDaniel Advanced Ceramica Tehcnologies 510 9th Avenue Beaver Falls, PA 15010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>R&D Materials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.55	Nonpriority creditor's name and mailing address McMaster-Carr Supply Co. PO Box 54960 Los Angeles, CA 90054-0960 Date(s) debt was incurred <u>9/15-10/15</u> Last 4 digits of account number <u>4100</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>R&D supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.71
<hr/>			
3.56	Nonpriority creditor's name and mailing address MegaPath Dept 0324 PO Box 120324 Dallas, TX 75312-0324 Date(s) debt was incurred <u>10/15-1/16</u> Last 4 digits of account number <u>9555</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Telephone system/service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,215.85
<hr/>			
3.57	Nonpriority creditor's name and mailing address Merit Medical PO Box 204842 Dallas, TX 75320-4842 Date(s) debt was incurred <u>9/15</u> Last 4 digits of account number <u>7680</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory prototype</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,478.63
<hr/>			
3.58	Nonpriority creditor's name and mailing address Merrill Communications LLC CM-9638 Saint Paul, MN 55170-9638 Date(s) debt was incurred <u>1/16-3/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Edgar filings with SEC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,492.48
<hr/>			
3.59	Nonpriority creditor's name and mailing address Michael Dachman 5 La Quinta Court Lake in the Hills, IL 60156 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vacation Bank</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,846.00

Debtor	Perseon Corporation Name _____	Case number (if known) _____
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3.60	Nonpriority creditor's name and mailing address Michael Houskeeper 1330 W 1800 N Lehi, UT 84043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,462.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vacation Bank</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	Nonpriority creditor's name and mailing address Modellers 711 Third Ave 19th Floor New York, NY 10017 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,752.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing research services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address MultiLing Corporation 180 N University Ave., Suite 600 Provo, UT 84601 Date(s) debt was incurred <u>6/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,329.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Language translation services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address Mutual of Omaha Mutual of Omaha Plaza Omaha, NE 68175 Date(s) debt was incurred <u>1/1/16</u> Last 4 digits of account number <u>AG8A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Premiums for employee life insurance policies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address NASDAQ Stock Market LLC Lockbox 20200 PO Box 8500 Philadelphia, PA 19178-0200 Date(s) debt was incurred <u>10/15, 12/15-1/16</u> Last 4 digits of account number <u>5889</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>NASDAQ listing, SH services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address NASDAQ Stock Market LLC Lockbox 20200 PO Box 8500 Philadelphia, PA 19178-0200 Date(s) debt was incurred _____ Last 4 digits of account number <u>9389</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,320.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Professional services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address NASDAQ Stock Market LLC Lockbox 20200 PO Box 8500 Philadelphia, PA 19178-0200 Date(s) debt was incurred _____ Last 4 digits of account number <u>4629</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,595.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Professional services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Perseon Corporation Name	Case number (if known)
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3.67	Nonpriority creditor's name and mailing address NASDAQ Stock Market LLC Lockbox 20200 PO Box 8500 Philadelphia, PA 19178-0200 Date(s) debt was incurred _____ Last 4 digits of account number <u>8209</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Professional services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,750.00
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3.68	Nonpriority creditor's name and mailing address Newark Electronics 300 S Riverside Plaza, Ste 2200 Chicago, IL 60606 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>8391</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>R&D Tools, supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.07
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3.69	Nonpriority creditor's name and mailing address Nixon Peabody LLP PO Box 28012 New York, NY 10087-8012 Date(s) debt was incurred <u>7/15, 9/15, 1/16</u> Last 4 digits of account number <u>3909</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,042.60
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3.70	Nonpriority creditor's name and mailing address North American Logistics Service 49 Simpson Road Bolton ON L7E2R6 CANADA Date(s) debt was incurred <u>9/15</u> Last 4 digits of account number <u>5393</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Exhibit materials transportation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$609.25
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3.71	Nonpriority creditor's name and mailing address OTC Stock Transfer, Inc. 6364 South Highland Dr., Suite 201 Salt Lake City, UT 84121 Date(s) debt was incurred <u>10/15-2/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stock transfer services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.72	Nonpriority creditor's name and mailing address Parsons, Behle & Latimer 201 South Main, #18000 PO Box 45898 Salt Lake City, UT 84145-0898 Date(s) debt was incurred <u>6/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,603.60
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3.73	Nonpriority creditor's name and mailing address PCB Solutions Inc. 2520 N 1500 W, Suite A Ogden, UT 84404 Date(s) debt was incurred <u>1/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Circuit boards for inventory</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,430.41
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Debtor	Perseon Corporation Name _____	Case number (if known) _____
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3.74	Nonpriority creditor's name and mailing address Perelson Temporary Staffing, LLC 2180 South 1300 East Ste 350 Salt Lake City, UT 84106 Date(s) debt was incurred <u>9/15, 12/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,160.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Temporary agency for contract workers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address Pinnacle Exhibits, Inc. Attn: Accounts Receivable 22400 NW Westmark Drive Hillsboro, OR 97124 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$450.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address Progressive Technology, Inc. 4130 Citrus Ave, #17 Rocklin, CA 95677 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,793.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	Nonpriority creditor's name and mailing address Pure Water Solutions, Inc. 3208 South State Street Salt Lake City, UT 84115 Date(s) debt was incurred <u>10/15-1/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$793.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Water dispenser</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address Quality Plating Co. Inc. 420 South 500 West Salt Lake City, UT 84101-2208 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$352.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address Republic Services PO Box 78829 Phoenix, AZ 85062-8829 Date(s) debt was incurred <u>9/15-10/15</u> Last 4 digits of account number <u>9104</u>	As of the petition filing date, the claim is: Check all that apply. \$632.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trash/recycling service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address Revenue Cycle Inc. 1817 W Braker Ln., #F Ste. 200 Austin, TX 78758 Date(s) debt was incurred <u>4/15, 1/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$3,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Perseon Corporation Name	Case number (if known)
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3.81	Nonpriority creditor's name and mailing address Rocky Mountain Power PO Box 25308 Salt Lake City, UT 84125-0308 Date(s) debt was incurred <u>10/15</u> Last 4 digits of account number <u>0016</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,215.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.82	Nonpriority creditor's name and mailing address Ryan Patterson 297 Frontier Rd. Farmington, UT 84025 Date(s) debt was incurred <u>10/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,875.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>R&D prototype services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address Somacis Inc. 13500 Danielson Street Poway, CA 92064 Date(s) debt was incurred <u>10/15</u> Last 4 digits of account number <u>281</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Engineering services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address Standard Parking 450 W 100 S Salt Lake City, UT 84101 Date(s) debt was incurred <u>1/16-2/16</u> Last 4 digits of account number <u>6091</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,070.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>parking</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.85	Nonpriority creditor's name and mailing address Strong & Hanni, P.C. 102 South 200 East, Suite 800 Salt Lake City, UT 84111 Date(s) debt was incurred <u>9/15-10/15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,428.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address SunTrust Robinson Humphrey, Inc. 711 Fifth Avenue, 6th Floor New York, NY 10022 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$925,000.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unmatured Investment Banking Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.87	Nonpriority creditor's name and mailing address Sure Systems PO Box 571522 Salt Lake City, UT 84157-1522 Date(s) debt was incurred <u>11/15</u> Last 4 digits of account number <u>0133</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,019.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Perseon Corporation Name _____	Case number (if known) _____
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3.88	Nonpriority creditor's name and mailing address Surface Solutions Group, LLC 5170 N Northwest Hwy. Chicago, IL 60630 Date(s) debt was incurred <u>9/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>R&D product development services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$582.47
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3.89	Nonpriority creditor's name and mailing address Tailfin Marketing, LLC 1246 Virginia Ave NE Atlanta, GA 30306 Date(s) debt was incurred <u>10/15-11/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,500.00
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3.90	Nonpriority creditor's name and mailing address TalentCare 1108 Lavaca Street, Ste 110-111 Austin, TX 78701 Date(s) debt was incurred <u>9/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Recruiting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.91	Nonpriority creditor's name and mailing address Tanner LLC 36 S State Street, Suite 600 Salt Lake City, UT 84111-1400 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax return preparation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.92	Nonpriority creditor's name and mailing address Technology Assessment & Transfer, Inc. 133 Defense Highway, Suite 212 Annapolis, MD 21401 Date(s) debt was incurred <u>11/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>R&D/prototype services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.93	Nonpriority creditor's name and mailing address Terminix Commercial PO Box 17167 Memphis, TN 38187 Date(s) debt was incurred <u>11/9/15</u> Last 4 digits of account number <u>8808</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Extermination spraying</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.00
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3.94	Nonpriority creditor's name and mailing address Thorpe North & Western PO Box 1219 Sandy, UT 84091-1219 Date(s) debt was incurred <u>8/15</u> Last 4 digits of account number <u>2264</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,279.88
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Debtor	Perseon Corporation Name _____	Case number (if known) _____
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3.95	Nonpriority creditor's name and mailing address Three Seeds Ventures 7405 Storm Court Falls Church, VA 22043 Date(s) debt was incurred <u>10/15-12/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,937.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Venture capital and equity services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address U of L Dept of Surgery c/o Robert Martin MD, PhD 315 East Broadway - M10 Ste 312 Louisville, KY 40202 Date(s) debt was incurred <u>8/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Clinical study fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	Nonpriority creditor's name and mailing address University of Utah Materials Science & Engineering 122 S Central Campus Dr Rm 304 Salt Lake City, UT 84112 Date(s) debt was incurred <u>11/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>R&D testing services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address Veracity Networks 170 Election Road, Ste 200 Draper, UT 84020 Date(s) debt was incurred <u>10/15-12/15</u> Last 4 digits of account number <u>9331</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,024.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet/phone/network services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred <u>11/15-3/16</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,537.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred <u>11/15-3/16</u> Last 4 digits of account number <u>0002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,370.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	Nonpriority creditor's name and mailing address Vernay Laboratories, Inc. 804 Greenbelt Parkway Griffin, GA 30223 Date(s) debt was incurred <u>10/15</u> Last 4 digits of account number <u>6048</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>R&D lab services and inventory component supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Perseon Corporation** Case number (if known) _____
Name

3.102 Nonpriority creditor's name and mailing address **Wasatch Employee Benefit Service**
102 W 500 S, Ste 205
Salt Lake City, UT 84101
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$559.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.103 Nonpriority creditor's name and mailing address **Whipsaw**
434 South First Street
San Jose, CA 95113
Date(s) debt was incurred 10/15, 12/15
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$28,102.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Product design service
Is the claim subject to offset? ☒ No ☐ Yes

3.104 Nonpriority creditor's name and mailing address **Worldwide Express**
286 Washington Avenue Ext. STE 100
Albany, NY 12203
Date(s) debt was incurred 2016
Last 4 digits of account number 8353
As of the petition filing date, the claim is: Check all that apply. **\$106.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Shipping services
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Antonio Viñal & Co. Abogados Avda. Miguel Bombarda 36, 4º -C 1050-165 Lisbon PORTUGAL	Line <u>3.52</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Compandben SA Route du Mandement 197 1242 Satigny SWITZERLAND	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Grainger Dept. 809605462 PO Box 419267 Kansas City, MO 64141-6267	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Ill. Dept. of Employment Security PO Box 3637 Springfield, IL 62708-3637	Line <u>2.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	McDanel Advanced Ceramic Technologies PO Box 76601 Cleveland, OH 44101-6500	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	McMaster-Carr Supply Co. PO Box 7690 Chicago, IL 60680-7690	Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Perseon Corporation	Case number (if known)
	Name	
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?
		Last 4 digits of account number, if any
4.7	MegaPath 6800 Knoll Center Pkwy #200 Pleasanton, CA 94566	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____
		<u>6342</u>
4.8	Mutual of Omaha Payment Processing Center PO Box 2147 Omaha, NE 68103-2147	Line <u>3.63</u> <input type="checkbox"/> Not listed. Explain _____
		<u>AG8A</u>
4.9	New York State Department of Labor Attn: Lynne A. Camileo PO Box 15012 Albany, NY 12212-5012	Line <u>2.17</u> <input type="checkbox"/> Not listed. Explain _____
		—
4.10	Newark Electronics PO Box 94151 Palatine, IL 60094-4151	Line <u>3.68</u> <input type="checkbox"/> Not listed. Explain _____
		<u>8391</u>
4.11	NYS Assessment Receivables PO Box 4228 Binghamton, NY 13902-4128	Line <u>2.17</u> <input type="checkbox"/> Not listed. Explain _____
		<u>4549</u>
4.12	Sage M. Sigler Alstn & Bird LLP 1201 W. Peachtree Street Atlanta, GA 30309	Line <u>3.86</u> <input type="checkbox"/> Not listed. Explain _____
		—
4.13	Vernay Laboratories Attn: Verna Kettles 2077 Convention Center Concourse, #225 Atlanta, GA 30337	Line <u>3.101</u> <input type="checkbox"/> Not listed. Explain _____
		—
4.14	Wrayzier LC, dba Offiset Backups PO Box K Garden City, KS 67846	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain _____
		—
4.15	Wrayzier LC, dba Offiset Backups 525 Industrial Drive Garden City, KS 67846	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain _____
		—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>1,364,588.72</u>
5b. +	\$ <u>1,928,725.92</u>
5c.	\$ <u>3,293,314.64</u>

Fill in this information to identify the case:

Debtor name **Perseon Corporation**

United States Bankruptcy Court for the: **DISTRICT OF UTAH**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Sales Agent Agreement**

State the term remaining **Renewed term expires 4/1/17**
List the contract number of any government contract _____

**Appleton Medical Services
118 North Main Street
Saint Charles, MO 63301**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Manufacturing Agreement (and First Amendment to Manufacturing Agreement) between BSD Medical Corporation and CEA Tehnologies, Inc. for the manufacturing of medical devices for BSD.**
State the term remaining **Effective until terminated by the parties**

List the contract number of any government contract _____

**CEA Medical Manufacturing, Inc.
1735 Merchants Ct.
Colorado Springs, CO 80916**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Potential unknown contract for teleconferencing services**
State the term remaining **Unknown**

List the contract number of any government contract _____

**Chorus Call, Inc.
2420 Mosside Blvd.
Monroeville, PA 15146**

Debtor 1 **Perseon Corporation**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Exclusive Distribution Agreement and First Amendment to Exclusive Distribution Agreement
Initial term ends 6/23/17 and is subject to automatic 12 month extension**Comed Medical Specialties, LLC**
4962 S Redwood Rd.
Salt Lake City, UT 84123

2.5. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Potential unknown contract for Delaware representation service**Unknown****CT Corporation Sys.**
8020 Excelsior Drive, Suite 200
Boise, ID 83717

2.6. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Consulting Agreement**David Green**
2174 Preston St
Salt Lake City, UT 84106

2.7. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Potential unknown contract for software and support.**Unknown****Domo, Inc.**
Dept. CH 10704
Palatine, IL 60055-0704

2.8. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Potential unknown contract for internet service**Unknown****First Digital Telecom**
PO Box 1499
Salt Lake City, UT 84110-1499

2.9. State what the contract or lease is for and the nature of the debtor's interest

Consulting Agreement**Harold R. Wolcott**
26 North 3175 East
Layton, UT 84040

Debtor 1 **Perseon Corporation**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

**Initial term expires
11/10/14, subject to
automatic 12 month
renewal**List the contract number of any
government contract2.10. State what the contract or
lease is for and the nature of
the debtor's interest

State the term remaining

**Month-to month
sublease of property
located at 391 Chipeta
Way, Salt Lake City, UT
12/18**List the contract number of any
government contract**Kax Co. L.L.C.
c/o Woodbury Corporation
2733 East Parleys Way, Suite 300
Salt Lake City, UT 84109**2.11. State what the contract or
lease is for and the nature of
the debtor's interest

State the term remaining

Distribution Agreement**Initial term ends 4/1/18
and is subject to 12
month automatic
renewal**List the contract number of any
government contract**KOL Bio-Medical Instruments, Inc.
13901 Willard Road
Chantilly, VA 20153**2.12. State what the contract or
lease is for and the nature of
the debtor's interest

State the term remaining

**Contract for service
and maintenance of
copy machines**List the contract number of any
government contract**Les Olson Company
P.O. Box 65598
Salt Lake City, UT 84165**2.13. State what the contract or
lease is for and the nature of
the debtor's interest

State the term remaining

**License allowing
Medlink Technologies
to use technology and
intellectual property in
China, Hong Kong,
Taiwan and Korea.
Perpetual**List the contract number of any
government contract**MedLink Tehnologies, LLC
16 Portofino Place
Durham, NC 27707**2.14. State what the contract or
lease is for and the nature of
the debtor's interest

State the term remaining

**Contract for internet
and IP Services****Expires October 2018****MegaPath
Dept 0324
PO Box 120324
Dallas, TX 75312-0324**

Debtor 1 **Perseon Corporation**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.15. State what the contract or lease is for and the nature of the debtor's interest **Contract for Virtual Data Room**

State the term remaining **Unknown**

List the contract number of any government contract _____

**Merrill Communications LLC
CM-9638
Saint Paul, MN 55170-9638**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Contract for IR Services**

State the term remaining **Expires 9/29/16**

List the contract number of any government contract _____

**NASDAQ Stock Market LLC
Lockbox 20200
PO Box 8500
Philadelphia, PA 19178-0200**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Potential unknown contract related to transfer agent services**

State the term remaining **Unknown**

List the contract number of any government contract _____

**OTC Stock Transfer, Inc.
6364 South Highland Dr., Suite 201
Salt Lake City, UT 84121**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Former payroll processor - potential need for access to prior payroll records**

State the term remaining

List the contract number of any government contract _____

**Payroll Perfect Inc.
1206 West South Jordan Pkwy, Ste A
South Jordan, UT 84095**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement for Accounting Services**

State the term remaining **None specified**

List the contract number of any government contract _____

**Riley Astill
1969 Claremont Dr.
Bountiful, UT 84010**

Debtor 1 **Perseon Corporation**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20. State what the contract or lease is for and the nature of the debtor's interest **Rental agreement for two storage units**

State the term remaining

3/22/17

List the contract number of any government contract

**South Salt Lake Storage LLC
dba A-1 Access Storage
3202 S 460 W
Salt Lake City, UT 84115**

2.21. State what the contract or lease is for and the nature of the debtor's interest **Former payroll processor - potential need for access to prior payroll records**

State the term remaining

List the contract number of any government contract

**Stratus HR
859 W South Jordan Pwky, #200
South Jordan, UT 84095**

2.22. State what the contract or lease is for and the nature of the debtor's interest **Investment Banker Retention Agreement**

State the term remaining

List the contract number of any government contract

**SunTrust Robinson Humphrey, Inc.
711 Fifth Avenue, 6th Floor
New York, NY 10022**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Payroll services**

State the term remaining

List the contract number of any government contract

**SurePayroll
2350 Ravine Way, Suite 100
Glenview, IL 60025**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Potential unknown contract for marketing services**

State the term remaining

Unknown

List the contract number of any government contract

**Tailfin Marketing, LLC
1246 Virginia Ave NE
Atlanta, GA 30306**

2.25. State what the contract or lease is for and the nature of the debtor's interest **Contract for recruiting services**

State the term remaining

Unknown

List the contract number of any

**TalentCare
1108 Lavaca Street, Ste 110-111
Austin, TX 78701**

Debtor 1 **Perseon Corporation**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.26. State what the contract or lease is for and the nature of the debtor's interest **Exclusive Distribution Agreement**

State the term remaining

Expires 3/31/17

**Terumo Europe NV
Interleuvenlaan 40
3001 Leuven
BELGIUM**

List the contract number of any government contract

2.27. State what the contract or lease is for and the nature of the debtor's interest **Potential unknown contract for internet services**

State the term remaining

Unknown

**Veracity Networks
170 Election Road, Ste 200
Draper, UT 84020**

List the contract number of any government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Management of Cafeteria Plan which ended 12/31/15. Wasatch Employee Benefit Service is still administering plans for former employees.**

State the term remaining

**Wasatch Employee Benefit Service
102 West 500 South #205
Salt Lake City, UT 84101**

List the contract number of any government contract

2.29. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement for data backup services**

State the term remaining

**36 month term
beginning 1/23/13**

**Wrayzier LC, dba Offiset Backups
525 Industrial Drive
Garden City, KS 67846**

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Perseon Corporation

United States Bankruptcy Court for the: DISTRICT OF UTAH

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Perseon Corporation

United States Bankruptcy Court for the: DISTRICT OF UTAH

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2016 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$596,836.00

For prior year:
From 1/01/2015 to 12/31/2015

☒ Operating a business

☐ Other _____

\$3,307,574.00

For year before that:
From 1/01/2014 to 12/31/2014

☒ Operating a business

☐ Other _____

\$5,328,353.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Perseon Corporation**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. AFCO 5600 N River Road, SUite 400 Des Plaines, IL 60018-5187	3/12/16	\$11,502.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Insurance financing
3.2. American Western Investment Services dba Western Interior Services 160 West 2100 South Salt Lake City, UT 84115	2/5/16 - 4/12/16	\$10,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. Appleton Medical Services 118 North Main Street Saint Charles, MO 63301	4/12/16	\$19,635.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.4. BACS dba Bay Area Computer Solutions 1366 Turnstone Way Sunnyvale, CA 94087	5/8/16	\$12,339.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.5. CEA Medical Manufacturing, Inc. 1735 Merchants Ct. Colorado Springs, CO 80916	2/4/16 - 4/12/16	\$213,564.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.6. Comed Medical Specialties, LLC 4962 S Redwood Rd. Salt Lake City, UT 84123	4/12/16	\$7,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.7. Compandben International Sandhurst House / Yorktown Road Sandhurst UNITED KINGDOM	2/29/16 - 3/30/16	\$20,777.93	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.8. Eclipse Product Development, Inc. 825 N. 300 W #C250 Salt Lake City, UT 84103	2/27/16 - 4/12/16	\$9,352.47	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor **Perseon Corporation**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. Federal Express PO Box 7221 Pasadena, CA 91109-7321	2/5/16 - 4/26/16	\$7,912.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.10 Henriksen Butler Design Group 249 S 400 E Salt Lake City, UT 84111	2/27/16 - 4/12/16	\$10,979.41	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____
3.11 Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346	3/10/16 & 3/18/16	\$20,449.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.12 Knapp Healthcare Communications, LLC 501 5th Ave. Suite 2003 New York, NY 10017	2/27/16 - 4/12/16	\$21,890.96	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.13 Merrill Communications LLC CM-9638 Saint Paul, MN 55170-9638	2/4/16 - 3/31/16	\$11,105.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.14 Moreton & Co. - Utah 709 E South Temple Salt Lake City, UT 84102	3/15/16	\$158,604.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance</u>
3.15 Nixon Peabody LLP PO Box 28012 New York, NY 10087-8012	3/18/16 - 4/22/16	\$14,662.91	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.16 Selecthealth, Inc. PO Box 27368 Salt Lake City, UT 84127-0368	2/5/16 - 5/5/16	\$39,749.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee insurance premiums</u>

Debtor **Perseon Corporation**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 Sterigenics PO Box 93178 Chicago, IL 60673-3178	2/5/16 - 4/12/16	\$8,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____
3.18 Tanner LLC 36 S State Street, Suite 600 Salt Lake City, UT 84111-1400	3/18/16 & 3/31/16	\$31,667.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.19 Travelers CL Remittance Center PO Box 660317 Dallas, TX 75266-0317	2/5/16 - 7/29/16	\$15,626.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance</u>
3.20 Salt Lake County Assessor 2001 South State Street, #N2-600 PO Box 147421 Salt Lake City, UT 84114-7421	5/5/16	\$6,625.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.21 Suntrust Robinson Humphrey 3333 Peachtree Road, NE 6th Floor (M/C 3990) Atlanta, GA 30326	3/2/16	\$225,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Fairness opinion</u>
3.22 West Salt Lake Acquisitions Partners LLC PO Box 396021 San Francisco, CA 94139-6021	1/22/16	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Settlement related to rejected lease agreement</u>
3.23 Vernay Laboratories, Inc. 804 Greenbelt Parkway Griffin, GA 30223	5/10/16	\$5,781.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____

Debtor **Perseon Corporation**

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Benjamin Curtis Beckham 101 Bon Winde Rd. Georgetown, TX 78633 Former VP of Global Sales	5/4/15 - 4/12/16	\$233,295.00	Salary, stipend, expenses, partial separation payment
4.2. Brian Meltzer 24 Broad Axe Lane Wilton, CT 06897 Former Chief Medical Officer/VP Business Development	5/22/15 - 4/2/16	\$207,248.00	Salary, stipend, expenses, partial separation payment
4.3. Clinton E. Carnell Jr. 3891 West View Trail Park City, UT 84098 President and CEO	5/4/15 - 2/27/16	\$421,971.00	Salary, bonus, and expenses
4.4. Damian E. Dupuy, M.D. 60 Powers Drive Centerville, MA 02632 Director	5/4/15 - 12/7/15	\$18,500.00	Medical consulting, director fees
4.5. Harold R. Wolcott 26 North 3175 East Layton, UT 84040 Director	6/5/15 - 5/11/16	\$40,000.00	Director fees
4.6. Jennifer R. Hoglin 8883 Daybreaker Dr. Park City, UT 84098 Former VP of Global Marketing	5/15/15 - 4/11/16	\$184,785.00	Salary, stipend, expenses, and partial separation payment
4.7. Peter Vitulli 2665 Cliffrose Court Park City, UT 84098 Director	11/23/15	\$15,000.00	Director fees
4.8. Steven G. Stewart 4523 Sunset Circle Bountiful, UT 84010-5884 Director	5/15 - 11/23/15	\$17,548.00	Director Fees and expenses
4.9. Timothy C. McQuay 4927 Gould Ave. La Canada Flintridge, CA 91011 Chairman of the Board	5/15 - 11/13/15	\$15,758.00	Director Fees and expenses
4.10 Todd H. Turnlund 2971 Wedge Circle Park City, UT 84098 Former VP of Research & Development	5/8/15 - 4/2/16	\$158,054.00	Salary, stipend, expenses, and partial separation payment

Debtor **Perseon Corporation**

Case number (if known) _____

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.11 William S. Barth 959 Parkway Dr. North Salt Lake, UT 84054 Former CFO	5/4/15 - 4/2/16	\$155,405.00	Salary, expenses

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Paul Schwartz v Perseon Corporation et al. 1:15-cv-00344-LPS	Securities Fraud	US District Court, District of Delaware 844 North King St Unit 18 Wilmington, DE 19801-3570	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. New York State Department of Labor vs. BSD Medical Corporation	Notice of warrant pending	New York Department of Labor, NY Attn: Lynne A. Camileo PO Box 15012 Albany, NY 12212-5012	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Debtor **Perseon Corporation**

Case number (if known) _____

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Dorsey & Whitney LLP 136 S. Main Street, Suite 1000 Salt Lake City, UT 84101	Attorney Fees - Bankruptcy	5/19/16	\$149,856.83
Email or website address <u>waterman.steven@dorsey.com</u>			
Who made the payment, if not debtor?			
11.2. Dorsey & Whitney LLP 136 S. Main Street, Suite 1000 Salt Lake City, UT 84101	Attorney Fees - Corporate Services	5/20/15 - 5/20/16	\$766,199.09
Email or website address <u>waterman.steven@dorsey.com</u>			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Debtor **Perseon Corporation**

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	World Mission Society Church of God 2188 West 2200 South Salt Lake City, UT 84119	Real property located at 2188 West 2200 South, West Valley, UT 84119. Property was sold for \$1,066,000 gross. The total value represents the net proceeds after payment of closing costs, liens, etc.	8/13/15	\$183,043.01
	Relationship to debtor			
13.2	Pryexar Medical Inc. 2188 West 2200 South, Ste. A Salt Lake City, UT 84119	All right, title and interest in and to certain assets associated with the Hyperthermia Products as specifically discussed in the Asset Purchase Agreement between Perseon Corporation and Pyrexar Medical Inc. Perseon Corporation received 1,291,886 shares of Series A Preferred Stock of Hyperthermia Products and Royalty Interests.	4/1/15	Unknown
	Relationship to debtor			
13.3	Pyrexar Medical Inc. 2188 West 2200 South, Ste. A Salt Lake City, UT 84119	1,191,886 shares of Series A Preferred Stock in Pyrexar Medical Inc. Pursuant to the Purchase and Sale Agreement, debtor also agreed to release Pyrexar from its obligation to pay (1) \$61,677.78 for royalties and services rendered, (2) \$19,378 in future dividends, and (3) all future royalties owed to the debtor under the 4/1/15 Purchase Agreement.	2/22/16	\$1,000,000.00
	Relationship to debtor			
13.4	EnergySolutions, LLC 299 South Main Street, Ste 1700 Salt Lake City, UT 84111	Furniture, fixtures, audio visual, and equipment pursuant to a Sublease Termination Agreement wherein the debtor also paid \$15,000.00 and forfeited its security deposit in settlement of \$53,033.14 in amounts owed to sublessor under a Sublease Agreement dated May 14, 2015, as amended by the Amended to Sublease Agreement dated August 25, 2015.	1/21/16	Unknown
	Relationship to debtor Former Sublessor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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Debtor **Perseon Corporation**

Case number (if known) _____

	Address	Dates of occupancy From-To
14.1.	2188 West 200 South Salt Lake City, UT 84119	1997 - 10/21/15
14.2.	460 W 50 N #100 Salt Lake City, UT 84101	10/22/15 - 1/31/16

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☒ No Go to Part 10.☐ Yes. Fill in below:**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with
access to it
Address

Description of the contents

Do you still
have it?

Debtor **Perseon Corporation**

Case number (if known) _____

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
South Salt Lake Storage LLC dba A-1 Access Storage 3202 S 460 W Salt Lake City, UT 84115	Doug Wilkes 3055 Sequoia Ave Salt Lake City, UT 84109	2 units (10 x 20) containing inventory, files, computers, montors, tools	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

Debtor **Perseon Corporation**

Case number (if known) _____

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26a.1.	Riley Astill 1969 Claremont Dr Bountiful, UT 84010	2/16 - present
26a.2.	David Green 2174 Preston Street Salt Lake City, UT 84106	9/21/15 - present
26a.3.	Alison Wise 1656 W Ira Way Syracuse, UT 84075	4/20/15 - 2/18/16
26a.4.	William S. Barth 959 Parkway Dr. North Salt Lake, UT 84054	12/10/12 - 12/31/15
26a.5.	Dennis P Gauger 2598 North Turnberry Court Lehi, UT 84043	3/11/11 - 12/31/15
26a.6.	Scott Mayfield 11079 Snow Peak Ln South Jordan, UT 84095	12/16/13 - 12/23/15

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	Tanner LLC 36 S State Street, Suite 600 Salt Lake City, UT 84111-1400	12/31/14 - 9/30/15
26b.2.	Dennis P Gauger 2598 North Turnberry Court Lehi, UT 84043	3/1/11 - 12/31/15

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
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Debtor **Perseon Corporation**

Case number (if known) _____

Name and address**If any books of account and records are unavailable, explain why**

26c.1. **Perseon Corporation**
391 Chipeta Way #F
Salt Lake City, UT 84108

26c.2. **Payroll Perfect Inc.**
1206 West South Jordan Pkwy, Ste A
South Jordan, UT 84095

26c.3. **Stratus HR**
859 W South Jordan Pwky, #200
South Jordan, UT 84095

26c.4. **SurePayroll**
2350 Ravine Way, Suite 100
Glenview, IL 60025

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **U.S. Securities and Exchange Commission**
100 F Street, NE
Washington, DC 20549

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Doug Wilkes	3/16/16	\$805,360 - cost
	Name and address of the person who has possession of inventory records		
	David Green 2174 Preston Street Salt Lake City, UT 84106		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Clinton E. Carnell Jr.	3891 West View Trail Park City, UT 84098	President and CEO	0.3%
Name	Address	Position and nature of any interest	% of interest, if any
Damian E. Dupuy, M.D.	60 Powers Drive Centerville, MA 02632	Director	0.2%

Debtor **Perseon Corporation**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Harold R. Wolcott	26 North 3175 East Layton, UT 84040	Director	0.00%
Peter Vitulli	2655 Cliffrose Court Park City, UT 84098	Director	0.6%
Steven G. Stewart	4523 Sunset Circle Bountiful, UT 84010-5884	Director	0.3%
Timothy C. McQuay	4927 Gould Ave. La Canada Flintridge, CA 91011	Chariman of the Board	0.3%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Benjamin Curtis Beckham	101 Bon Winde Rd. Georgetown, TX 78633	VP of Global Sales	2015
Brian Meltzer	24 Broad Axe Lane Wilton, CT 06897	Chief Medical Officer/VP Business Development	2015
Douglas P. Boyd	8101 Tiara Cove Circle Las Vegas, NV 89128	Board member	2005 - 1/28/15
Gerhard Sennewald	Schatzbogen 86 81829 Munich GERMANY	Board member	1994 - 2/4/15
Jennifer R. Hoglin	8883 Daybreaker Dr. Park City, UT 84098	VP of Global Marketing	2015

Debtor **Perseon Corporation**

Case number (if known) _____

Name	Address	Position and nature of any interest	Period during which position or interest was held
Michael Nobel, Ph. D.	Styrmansgatan 9 Stockholm, SW WE-114 54 SWEDEN	Board member	1998 - 5/3/15
Name	Address	Position and nature of any interest	Period during which position or interest was held
Todd H. Turnlund	2971 Wedge Circle Park City, UT 84098	VP of Research & Development	2015
Name	Address	Position and nature of any interest	Period during which position or interest was held
William S. Barth	959 Parkway Dr. North Salt Lake, UT 84054	CFO	12/2012 - 12/31/15

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Benjamin Curtis Beckham 101 Bon Winde Rd. Georgetown, TX 78633	\$233,295	5/4/15 - 4/12/16	Salary, stipend, expenses, partial separation payment
	Relationship to debtor Former VP of Global Sales			
30.2	Brian Meltzer 24 Broad Axe Lane Wilton, CT 06897	\$207,248.00	5/22/15 - 4/2/16	Salary, stipend, expenses, partial separation payment
	Relationship to debtor Former Chief Medical Officer/VP Business Development			
30.3	Clinton E. Carnell Jr. 3891 West View Trail Park City, UT 84098	\$421,971.00	5/4/15 - 2/27/16	Salary, bonus, and expenses
	Relationship to debtor President and CEO			
30.4	Damien E. Dupuy, M.D. 60 Powers Drive Centerville, MA 02632	\$185,000.00	5/4/15 - 12/7/15	Medical Consulting and Director Fees
	Relationship to debtor Director			

Debtor **Perseon Corporation**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.5	Harold R. Wolcott 26 North 3175 East Layton, UT 84040	\$40,000.00	6/5/15 - 12/7/15	Director Fees
	Relationship to debtor Director			
30.6	Jennifer R. Hoglin 8883 Daybreaker Dr. Park City, UT 84098	\$184,785.00	5/15/15-4/11/16	Salary, stipend, expenses, partial separation payment
	Relationship to debtor Director			
30.7	Peter Vitulli 2665 Cliffrose Court Park City, UT 84098	\$15,000.00	5/15 - 11/23/15	Director Fees
	Relationship to debtor Director			
30.8	Steven G. Stewaart 4523 Sunset Circle Bountiful, UT 84010-5884	\$17,548	5/15 - 11/23/15	Director Fees and expenses
	Relationship to debtor Director			
30.9	Timothy C. McQuay 4927 Gould Ave. La Canada Flintridge, CA 91011	\$15,758.00	5/15 - 11/13/15	Director Fees and expenses
	Relationship to debtor Chairman of the Board			
30.10	Todd H. Turnlund 2971 Wedge Circle Park City, UT 84098	\$158,054.00	5/8/15 - 4/2/16	Salary, stipend, expenses, partial separation payment
	Relationship to debtor Former VP of Research & Development			
30.11	William S. Barth 959 Parkway Dr. North Salt Lake, UT 84054	\$155,405.00	5/4/15 - 4/2/16	Salary and expenses
	Relationship to debtor Former CFO			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Debtor **Perseon Corporation**

Case number (if known) _____

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 23, 2016****/s/ Clinton E. Carnell Jr.**

Signature of individual signing on behalf of the debtor

Clinton E. Carnell Jr.

Printed name

Position or relationship to debtor **CEO/President**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes